	Plan A/50				Plan B		Plan C		Plan D		HMO Plans						Standard
SINGLE	\$1,000	\$2,500	\$5,000	\$10,000	\$1,000	\$2,500	\$1,000	\$2,500	\$1,000	2500	\$15	\$30	\$40	\$50	Split	Deductible	Plan Rate
	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Copay	Copay	Copay	Copay	Copay	Coinsurance	Guarantee
Aetna Life Insurance Company	886.00	728.00	-	-	1,044.00	904.00	1,189.00	1,022.00	2,228.00	1,915.00	-	-	-	-	•	-	12 mos
Aetna Health Inc.	-	-	-	-	-	-	-	•	-	-	1,517.80	942.60	-	-	•	423.60	12 mos
AmeriHealth HMO, Inc.	-			-	-	-	1	·	ı		1,491.00	668.00	-	559.00	635.00	1	none
Celtic Insurance Company	1,219.00	1,080.00		-	1,528.00	1,375.00	4,419.00	3,352.00	6,009.00	5,288.00	-		-		•	-	3 mos
CIGNA HealthCare	-	,	,	-	-	-	-		-	,	1,208.34	,	-	-	-	-	none
Health Net of NJ	-	,	,	-	-	-	-	•			1,323.35	1,094.30	994.21	909.97	·	-	none
Horizon Blue Cross Blue Shield of NJ	1,266.13	1,091.36	756.22	493.65	1,521.60	1,299.22	2,150.44	1,332.97	3,006.93	2,001.89	-	,	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	,	,	-	-	-	-		-	,	628.63	523.13	-	-	516.32	325.31	12 mos
Oxford Health Insurance Company	634.96	517.80	445.36	384.82	968.37	770.20	1,206.79	900.52	1,420.51	1,043.18	-	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO)	-	-		-	-	-	612.22	470.10	664.32	-	-	-	-	-	•		12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	753.93	560.62	-	-	-	-	12 mos

	Plan A/50				Plan B		Plan C		Plan D		HMO Plans						Standard
ADULT & CHILD	\$1,000	\$2,500	\$5,000	\$10,000	\$1,000	\$2,500	\$1,000	\$2,500	\$1,000	2500	\$15	\$30	\$40	\$50	Split	Deductible	Plan Rate
1	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Copay	Copay	Copay	Copay	Copay	Coinsurance	Guarantee
Aetna Life Insurance Company	1,531.00	1,254.00	-		1,793.00	1,529.00	2,025.00	1,739.00	3,847.00	3,307.00	-	-	-	-	-	-	12 mos
Aetna Health Inc.	-	,		-	-		-	-	-	-	2,734.60	1,698.50	-	-	-	764.00	12 mos
AmeriHealth HMO, Inc.	-	,	-	-	-	-	•	-		-	2,714.00	1,216.00	-	1,017.00	1,156.00	-	none
Celtic Insurance Company	2,133.00	1,890.00	-	-	2,675.00	2,406.00	7,734.00	5,865.00	10,517.00	9,255.00	-	-	-	-	-	-	3 mos
CIGNA HealthCare	-	,		-	-		-	-	-	-	2,175.01	,	-	-	-	-	none
Health Net of NJ	-	,		-	-		-	-	-	-	2,249.93	1,860.50	1,690.34	1,547.12	-	-	none
Horizon Blue Cross Blue Shield of NJ	2,243.45	1,933.95	1,339.92	874.74	2,696.31	2,302.02	3,815.55	2,365.24	5,335.83	2,998.14	-	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	,		-	-		-	-	-	-	964.29	802.41	-	-	791.98	498.98	12 mos
Oxford Health Insurance Company	1,174.68	957.93	823.92	711.92	1,791.48	1,424.87	2,232.56	1,665.96	2,627.94	1,929.88	-	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	1,132.61	869.69	1,228.99	-	-	-	-	-	-	-	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	1,432.47	1,065.18	-	-	-	-	12 mos

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- > Contact Oxford Health Insurance for details on the plan design for the available PPO products.
- > Contact the HMO Carriers for information on the HMO Coverage subject to deductible and coinsurance.
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	Plan A/50				Plan B		Plan C		Plan D		HMO Plans						Standard
TWO ADULTS	\$1,000	\$2,500	\$5,000	\$10,000	\$1,000	\$2,500	\$1,000	\$2,500	\$1,000	2500	\$15	\$30	\$40	\$50	Split	Deductible	Plan Rate
	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Copay	Copay	Copay	Copay	Copay	Coinsurance	Guarantee
Aetna Life Insurance Company	1,772.00	1,457.00	-	-	2,088.00	1,767.00	2,377.00	2,036.00	4,470.00	3,842.00	-	,		·	·	-	12 mos
Aetna Health Inc.	-	-	-	-	-	1	-	-	1	-	3,035.40	1,885.30	-	1	•	847.30	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	1	1	-		1	-	2,982.00	1,336.00	-	1,118.00	1,270.00	-	none
Celtic Insurance Company	2,840.00	2,517.00	-	-	3,561.00	3,203.00	10,297.00	7,809.00	14,002.00	12,322.00	-		-	i	·	1	3 mos
CIGNA HealthCare	-		-	-			-	-	-	-	2,332.09				•	-	none
Health Net of NJ	-		-	-			-	-	-	-	2,381.79	1,969.54	1,789.40	1,637.79	•	-	none
Horizon Blue Cross Blue Shield of NJ	3,047.14	2,626.82	1,819.96	1,188.16	3,662.42	3,126.79	5,127.65	3,178.74	7,170.80	4,029.11	-	,		ı	·	-	12 mos
Horizon HealthCare of NJ HMO Blue	-		-	-	i	i	-	-	1	-	1,344.47	1,118.77	-	i	1,104.23	695.71	12 mos
Oxford Health Insurance Company	1,269.92	1,035.60	890.72	769.64	1,936.74	1,540.40	2,413.58	1,801.04	2,841.02	2,086.36	-	,		-	-	-	12 mos
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	1,224.44	940.20	1,328.64	-	-	-	-	-	-	-	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	1,507.86	1,121.24	-	-	-	-	12 mos

	Plan A/50				Plan B		Plan C		Plan D				Standard				
FAMILY	\$1,000	\$2,500	\$5,000	\$10,000	\$1,000	\$2,500	\$1,000	\$2,500	\$1,000	\$2,500	\$15	\$30	\$40	\$50	Split	Deductible	Plan Rate
	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Copay	Copay	Copay	Copay	Copay	Coinsurance	Guarantee
Aetna Life Insurance Company	2,416.00	1,983.00	-	-	2,837.00	2,392.00	3,213.00	2,753.00	6,089.00	5,233.00	-	,	i	-	·	-	12 mos
Aetna Health Inc.	-	-	-	-	1	-	-	-	1		4,536.50	2,817.40	1	-	•	1,267.40	12 mos
AmeriHealth HMO, Inc.	-	,	-	-	-		-	-	-	-	4,205.00	1,884.00	-	1,576.00	1,791.00	-	none
Celtic Insurance Company	2,852.00	2,528.00	-	-	3,576.00	3,217.00	10,341.00	7,843.00	14,062.00	12,375.00	-	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-		-	-	-	-	3,359.18	-	-	-	-	-	none
Health Net of NJ	-	,	-	-	-		-	-	-	-	3,176.51	2,626.71	2,386.46	2,184.26	-	-	none
Horizon Blue Cross Blue Shield of NJ	3,199.65	2,758.16	1,911.00	1,247.58	3,845.47	3,283.15	5,383.98	3,337.44	7,529.33	4,230.65	-	,	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	1,903.92	1,584.30	-	-	1,563.70	985.20	12 mos
Oxford Health Insurance Company	1,809.64	1,475.73	1,269.28	1,096.74	2,759.85	2,195.07	3,439.35	2,566.48	4,048.45	2,973.06	-	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	1,744.83	1,339.79	1,893.31	-	-	-	-	-	-	-	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	2,261.79	1,681.86	i	-	•	-	12 mos

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